No. 2
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17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32605

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2009

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town PINE LAWN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6125 NATURAL BRIDGE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

(c) City or town PINE LAWN (If outside city or town limits, write "RURAL")

(d) Street No. 6125 NATURAL BRIDGE (If rural, give location)

(e) If foreign born, how long in U. S. A.? ——— years.

3. (a) PRINT FULL NAME CHARLES BURNS.

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH BURNS

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased MAR-8- 1902 (Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 23 If less than one day ___ hr. ___ min.

9. Birthplace GLEN ALLEN O MO (City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business ——

FATHER
12. Name NOAH BURNS
13. Birthplace BESSUILLE O MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AGNES ZIMMERMAN
15. Birthplace GLEN ALLEN O MO (City, town, or county) (State or foreign country)

16. (a) Informant Clark Burns

(b) Address Glen Allen MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-3-1941 (Month) (Day) (Year)

(c) Place: burial or cremation GLEN ALLEN - MO

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge Rd

19. (a) OCT 2 - 1941 (Date received local registrar) (b) C. G. McGarron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1 year 1941 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from January 1939, 19__ to September 29, 1941; that I last saw him alive on September 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	few hours
Due to Coronary sclerosis	few years
Due to	
Other conditions Gastroptosis (Include pregnancy within 3 months of death)	few years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Sinclair (M. D. or other) O

Address 3718 Jennings Road Date signed OCT 1, 1941

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.